



ONTONAGON COUNTY
TELEPHONE
COMPANY

DOCKET FILE COPY ORIGINAL

618 River Street • Ontonagon, MI 49953
(906) 884-9911 • FAX (906) 884-6400

Received & Inspected

OCT 23 2013

October 14, 2013

FCC Mail Room
REDACTED FILING

Marlene H. Dortch, Secretary
Office of the Secretary
Federal Communications Commission
445 12th Street, SW
Room TW-A325
Washington DC 20554

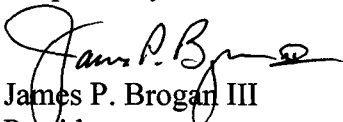
Re: FCC Form 481 as Required in WC Docket Nos. 10-90 and 11-42

Dear Ms. Dortch:

Enclosed for filing please find an original and three (3) copies of Ontonagon County Telephone Company's (OCTC) FCC Form 481 pursuant, to WC Docket Nos. 10-90 and 11-42 as specified in the Public Notice released August 6, 2013 (DA 13-1707). The enclosed information bears the REDACTED version of OCTC's financial statements.

Thank you for your assistance.

Respectfully,


James P. Brogan III
President

Enclosure(s)

No. of Copies rec'd
List ABCDE

0+3

OCT 23 2013

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-9987/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310717
<015> Study Area Name	ONTONAGON COUNTY TEL
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	James P. Brogan III
<035> Contact Telephone Number: Number of the person identified in data line <030>	906-387-9911
<039> Contact Email Address: Email of the person identified in data line <030>	jbrogan@jamadots.net

ANNUAL REPORTING FOR ALL CARRIERS		54-313 Completion Required	54-422 Completion Required
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)		
<320> Unfulfilled Service Requests (broadband)			
<330> Detail on Attempts (broadband)	(attach descriptive document)		
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0		
<420> Mobile	0.0		
<430> Number of Complaints per 1,000 customers (broadband)			
<440> Fixed			
<450> Mobile			
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 310717mi510	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 310717mi610	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)		
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
 <114> Report how much universal service (USF) support was received
 <115> How (USF) was used to improve service quality
 <116> How (USF) was used to improve service coverage
 <117> How (USF) was used to improve service capacity
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

[illegible]

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

[illegible]

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net
<810>	Reporting Carrier	Ontonagon County Telephone Company
<811>	Holding Company	Hiawatha Communications Inc.
<812>	Operating Company	Ontonagon County Telephone Company

[illegible]

**(000) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- | Select
(Yes, No,
NA) |
|----------------------------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP www.jamadots.com

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))
 <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012> 2013 Frozen Support Certification
 <2013> 2014 Frozen Support Certification
 <2014> 2015 Frozen Support Certification
 <2015> 2016 and future Frozen Support Certification

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification Support Used to Build Broadband

--

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification
 <2020> Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	310717
<015> Study Area Name	ONTONAGON COUNTY TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035> Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan

(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information	<input type="checkbox"/>
(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	<input checked="" type="checkbox"/> (Yes/No)
(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		<input type="checkbox"/> (Yes/No)
(3014) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		<input type="checkbox"/>
(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="checkbox"/> (Yes/No)
(3018) If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input type="checkbox"/>
(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		<input type="checkbox"/>
(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		<input checked="" type="checkbox"/>
(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		<input checked="" type="checkbox"/>
(3023) Underlying information subjected to a review by an independent certified public accountant		<input checked="" type="checkbox"/>
(3024) Underlying information subjected to an officer certification.		<input checked="" type="checkbox"/>
(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows		<input checked="" type="checkbox"/>
(3026) Attach the worksheet listing required information	Name of Attached Document Listing Required Information	310717mi3026

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310717
<015> Study Area Name	ONTONAGON COUNTY TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035> Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039> Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	ONTONAGON COUNTY TEL
Signature of Authorized Officer:	CERTIFIED ONLINE
	Date 10/14/2013
Printed name of Authorized Officer:	James Brogan III
Title or position of Authorized Officer:	President
Telephone number of Authorized Officer:	906-387-9911
Study Area Code of Reporting Carrier:	310717
	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310717
<015>	Study Area Name	ONTONAGON COUNTY TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	James P. Brogan III
<035>	Contact Telephone Number - Number of person identified in data line <030>	906-387-9911
<039>	Contact Email Address - Email Address of person identified in data line <030>	jbrogan@jamadots.net
<810>	Reporting Carrier	Ontonagon County Telephone Company
<811>	Holding Company	Hiawatha Communications Inc.
<812>	Operating Company	Ontonagon County Telephone Company

[illegible]



ONTONAGON COUNTY
TELEPHONE
COMPANY

Received & Inspected

618 River Street • Ontonagon, MI 49953
(906) 884-9911 • FAX (906) 884-6400

OCT 23 2013

FCC Mail Room

WC Docket Nos. 10-90 and 11-42

FCC FORM 481

**STATEMENT REGARDING SERVICE QUALITY STANDARDS & CONSUMER
PROTECTION RULES COMPLIANCE (500)**

As a licensed local exchange carrier in Michigan, **Ontonagon County Telephone Company** ("Carrier") is obligated to comply with the numerous consumer protections contained in the Michigan Telecommunications Act (MTA), and all MPSC Guidelines and Rules promulgated or adopted thereunder. Carrier will comply with all applicable and effective MPSC and FCC consumer protection and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules (copy attached). Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule (copy attached). Attached are annual notices to customers on matters related to customer privacy.

Carrier passes through all state and federal Lifeline discounts to its customers. Attached are materials that Carrier provides to customers regarding Lifeline.

Carrier has established processes and procedures to ensure employee compliance with implemented consumer protection and service quality standards. Periodic updates and training are offered to employees actively involved in business operations related to consumer protection and service quality standards.

CPNI Manual

Received & Inspected

OCT 23 2013

FCC Mail Room

SECTION 3

WHAT IS CPNI?

Customer Proprietary Network Information (CPNI) is—

Information that relates to the quantity, technical configuration, type, destination, location, and amount of use of a Telecommunications Service subscribed to by any Customer of a Telecommunications Carrier, and that is made available to the Carrier by the Customer solely by virtue of the Carrier-Customer relationship; and Information contained in the bills pertaining to telephone exchange service or telephone toll service received by a Customer of a Carrier.

Examples:

- Information regarding to whom, where, and when a Customer places a call;
- Frequency, timing, and duration of calls;
- The types of service offerings to which the Customer subscribes;
- The extent to which a Customer uses a service;
- The Customer's pre-subscribed toll provider; and
- Call Detail Information on Inbound and Outbound Calls.

CPNI is Not—

- Subscriber List Information.
- Customer name, address and phone number.
- Aggregate Customer Information.

SECTION 2

STATEMENT OF CORPORATE POLICY

The policy of Ontonagon County Telephone Company is to comply with the letter and spirit of all laws of the United States, including those pertaining to CPNI contained in § 222 of the Telecommunications Act of 1996, as amended, 47 USC 222, and the FCC's regulations, 47 CFR, Part 64, Subpart U. The Company's policy is to protect the confidentiality of CPNI, and to rely on the involvement of high-level management to ensure that no use of CPNI is made until a full review of applicable law has occurred.

The FCC's regulations, 47 CFR 64.2009, require the Company to implement a system to clearly establish the status of a Customer's CPNI approval prior to the use of CPNI, and to train its personnel as to when they are, and are not, authorized to use CPNI, and to have an express disciplinary process in place. This Manual constitutes the Company's policies and procedures related to CPNI.

All employees are required to follow the policies and procedures specified in this Manual.

- ◆ Any questions regarding compliance with applicable law and this Manual should be referred to Dorothy Sharkey, VP & General Manager.
- ◆ Any violation of, or departure from, the policies and procedures in this Manual shall be reported immediately to your Supervisor. If your immediate Supervisor is not available, contact a member of HCI executive staff.

SECTION 1

DEFINITIONS (CONT'D)

Valid Photo ID: A government-issued means of personal identification with a photograph such as a driver's license, passport, or comparable identification that is not expired.

SECTION 1

DEFINITIONS (CONT'D)

Opt-In Approval: A method for obtaining Customer consent to use, disclose, or permit access to the Customer's CPNI. This approval method requires that the Carrier obtain the Customer's affirmative, express consent allowing the requested CPNI usage, disclosure, or access after the Customer is provided appropriate notification of the Carrier's request.

Opt-Out Approval: A method for obtaining Customer consent to use, disclose, or permit access to the Customer's CPNI. Under this approval method, a Customer is deemed to have consented to the use, disclosure, or access to the Customer's CPNI if the Customer has failed to object thereto within the prescribed waiting period, after the Customer is provided appropriate notification of the Carrier's request for consent.

Public Safety Answering Point: The term "public safety answering point" means a facility that has been designated to receive emergency calls and route them to emergency service personnel.

Readily Available Biographical Information: Information drawn from the Customer's life history and includes such things as the Customer's social security number, or the last four digits of that number; mother's maiden name; home address; or date of birth.

Subscriber List Information: Any information (1) identifying the listed names of a Carrier's subscribers and the subscribers' telephone numbers, addresses, or primary advertising classifications (as such classifications are assigned at the time of the establishment of such service), or any combination of such listed names, numbers, addresses, or classifications; and (2) that the Carrier or an Affiliate has published, caused to be published, or accepted for publication in any directory format.

Telecommunications Carrier: Any provider of Telecommunications Services, except that such term does not include aggregators of Telecommunications Services, but does include an entity that provides Interconnected VoIP Service.

Telecommunications Service: The offering of telecommunications for a fee directly to the public, or to such classes of users as to be effectively available directly to the public, regardless of the facilities used.

Telephone Number of Record: The telephone number associated with the underlying service, but does not include the telephone number supplied as a Customer's "contact information."

SECTION 1

DEFINITIONS (CONT'D)

Customer Premises Equipment: Equipment employed on the premises of a person (other than a Carrier) to originate, route, or terminate telecommunications.

Emergency Notification Services: Services that notify the public of an emergency.

Emergency Services: 9-1-1 emergency services and emergency notification services.

Emergency Support Services: Information or data base management services used in support of emergency services.

FCC: Federal Communications Commission.

Information Service: The offering of a capability for generating, acquiring, storing, transforming, processing, retrieving, utilizing, or making available information via telecommunications, and includes electronic publishing, but does not include any use of any such capability for the management, control, or operation of a telecommunications system or the management of a Telecommunications Service.

Information Services Typically Provided by Telecommunications Carriers: Information services that Telecommunications Carriers typically provide, such as Internet access or voice mail services. The term does not include retail consumer services provided using Internet websites (such as travel reservation services or mortgage lending services), whether or not such services might otherwise be considered to be Information Services.

Interconnected VoIP Service: A service that: (1) enables real-time, two-way voice communications; (2) requires a broadband connection from the user's location; (3) requires Internet protocol-compatible Customer Premises Equipment; and (4) permits users generally to receive calls that originate on the public switched telephone network and to terminate calls to the public switched telephone network.

Local Exchange Carrier: Any person engaged in the provision of telephone exchange service or exchange access. Such term does not include a person insofar as such person is engaged in the provision of a commercial mobile service (except to the extent that the FCC determines that such service should be included in the definition of the term).

SECTION 1

DEFINITIONS

Account Information: Information that is specifically connected to the Customer's service relationship with a Carrier, including such things as an account number or any component thereof, the telephone number associated with the account, or the bill amount.

Address of Record: An address, whether postal or electronic, that a Carrier has associated with the Customer's account for at least 30 days.

Affiliate: A person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person. The term "own" means to own an equity interest (or the equivalent thereof) of more than 10 percent.

Aggregate Customer Information: Collective data that relates to a group or category of services or Customers, from which individual Customer identities and characteristics have been removed.

Breach: When a person, without authorization or exceeding authorization, has intentionally gained access to, used, or disclosed CPNI.

Carrier: See Telecommunications Carrier.

Call Detail Information: Any information that pertains to the transmission of specific telephone calls, including, for outbound calls, the number called, and the time, location, or duration of any call and, for inbound calls, the number from which the call was placed, and the time, location, or duration of any call. Remaining minutes of use is not Call Detail Information (but is CPNI).

CMRS: Commercial Mobile Radio Service.

Communications-Related Services: Telecommunications Services, Information Services typically provided by Telecommunications Carriers, and services related to the provision or maintenance of Customer Premises Equipment.

Company: Ontonagon County Telephone Company

Customer: A person or entity to which a Telecommunications Carrier is currently providing service.

TABLE OF CONTENTS

<u>Section No.</u>	<u>Section Title</u>	<u>Page</u>
1.	DEFINITIONS	1
2.	STATEMENT OF CORPORATE POLICY	5
3.	WHAT IS CPNI?	6
4.	USE OF CPNI IN GENERAL	7
5.	USE OF CPNI: CUSTOMER APPROVAL NOT REQUIRED	8
6.	USE OF CPNI: MARKETING WITHOUT CUSTOMER APPROVAL	9
7.	USE OF CPNI: ONLY WITH CUSTOMER APPROVAL	10
8.	NOTICES REQUIRED TO OBTAIN APPROVAL TO USE CPNI	13
9.	DISCLOSURE OF CPNI WITH JOINT VENTURE PARTNERS OR INDEPENDENT CONTRACTORS	18
10.	COMPANY SAFEGUARDS AND RECORDKEEPING REQUIREMENTS	19

APPENDIX 1 – Annual Certificate of Compliance with CPNI Rules

APPENDIX 2 – Employee Verification of CPNI Manual Review

APPENDIX 3 – Sample Opt-Out Notice

APPENDIX 4 – Sample Customer CPNI Disclosure Form

APPENDIX 5 – Log of Customer Complaints Related to CPNI

Received & Inspected

OCT 23 2013

FCC Mail Room
Customer Proprietary Network Information (CPNI)

**Compliance Manual and
Operating Procedures**

For

Ontonagon County Telephone Company
(Company Name)

Revised

**December 1, 2007
December 3, 2007 (ASP)**

This Manual reflects federal law on the subject of Customer Proprietary Network Information (CPNI), and is current through the FCC's Report and Order and Further Notice of Proposed Rulemaking, CC Docket No. 96-115 (rel'd April 2, 2007).